METRICS REVISITED: USING ANNUAL PROGRAM REPORTING AS AN OUTCOME TOOL FOR INSTITUTIONAL SUPPORT

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PURPOSE: As a Sponsoring Institution, the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) is required by ACGME and other regulatory bodies to provide "sufficient institutional resources to ensure the effective implementation and development of the ACGME-accredited programs in compliance with the Program and Institutional Requirements." To facilitate communicating program needs to key decision makers, each Program Director (PD) submits an annual Metric Report to both the governing bodies of the two member hospitals and the GME Committee. Quarterly, the DIO presents this acquired data on 9-10 programs in these two leadership forums.

Originally developed in 2002 by COL John Roscelli, MD, the report covers 12 metrics ranging from resident performance to program accreditation to resource allocation. This study focused on the effectiveness of this tool to identify potential problems within our programs and the ability to correct them through institutional support.

METHODS:
- PD responses over a four-year period (2002-2005) were collected and analyzed, with emphasis on the eight metrics concerning the current status of each program.
- Each of these metrics were rated either GREEN (in substantial compliance), AMBER (may result in a citation if trend continues), or RED (currently in violation).
- Multiple hits pointed to trends within a program (vertically) or across the institution (horizontally).
- Each report of degradation (AMBER or RED) was plotted and tracked in subsequent reports through 2006. Summary charts showed current status as well as notations to indicate improvements (white up-arrows), continued issues (number of years reported), or declinations (black down-arrows). All degradations were addressed in detail in both leadership forums with recommendations for correction.
- Information on improvements to GREEN was tallied to determine if there was any significant change in institutional support.

RESULTS:
- Nearly four-fifths (79%) of the reports of degradation submitted by the 39 programs from 2002 through 2005 were improved to GREEN. (Figure 1)
- There was little variation between the four groups in a key metric or statistic.
- With greater PD experience in report preparation and the tremendous success of the system, initial reports of degradation have leveled off from the baseline high of 87 in 2002 to 25-27 areas for the past three years (70% improvement).
- Metric Reports were instrumental in affecting change, including:
  - The decision by the hospital commanders to approve a fenced budget for GME.
  - Policy implementation to carefully examine the impact of deploying key GME personnel and to convert more of the staff to civilian employees to minimize shortfalls.
- It was also noted that Metric Reports *consistently* predicted those institutional issues, which left unresolved, would result in RRC citations.

IMPACT:

1. Metric Reports allowed PDs to critically examine their programs annually. This insight not only helped them in determining areas for program improvement, but also aided them in identifying areas that need institutional support to correct.
2. Using a simple RED-AMBER-GREEN system allowed the governing bodies to easily recognize problem areas that may affect accreditation and track change from the previous report. The summary charts for Group 1 are shown as an example. (Figure 2)
3. Metric Reports were highly useful outcome tools to help channel institutional support to correct areas of program non-compliance, particularly in light of the demands placed on the institution to meet the readiness mission of the Department of Defense, especially in terms of fighting the Global War on Terrorism.

	Accrued Status	Board Pass Rate	Fill Rate	% On Time Grad	% Training in DoD	Faculty Staffing	Nursing Staffing	Support Staff	Case-loads	Equip Supply Facility	Budget	Admin	Total	Percent
Group 1	3	2	3	1	0	5	4	6	5	6	10	8	53	27.3%
Group 2	2	1	5	2	0	4	5	5	4	2	11	4	45	23.2%
Group 3	2	2	4	3	1	8	5	5	9	4	8	7	58	29.9%
Group 4	2	3	2	3	2	4	3	4	6	2	3	4	38	19.6%
Total	9	8	14	9	3	21	17	20	24	14	32	23	194	100%
Improved	4	6	13	9	3	13	10	15	16	12	30	22	153	78.9%
No Change	4	2	0	0	0	7	5	4	7	2	2	1	34	17.5%
Declined	1	0	1	0	0	1	2	1	1	0	0	0	7	3.6%

Figure 1: Statistics on Initial Reports of Degradation and Subsequent Status

Figure 2: Annual Metric Summary charts for Group 1 programs, 2002-2006

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